

REQUEST FOR RECORD COPY

CITY OF GARDNER

TO BE COMPLETED BY REQUESTER

NAME: _____

ADDRESS: _____ (STREET)

_____ (CITY, STATE, ZIP)

DATE OF REQUEST: _____

COPIES REQUESTED: Please provide as specific a description as possible of the record(s) you desire to copy. Include record titles and dates, as well as the names of City departments that produced or hold the record(s).

<u>RECORD TITLE/DATE/DEPARTMENT</u>	<u>NUMBER OF COPIES</u>
_____	_____
_____	_____
_____	_____

SIGNATURE: _____

ADVISORY: No person shall knowingly sell, give or receive, for the purpose of selling or offering for sale any property or service to persons listed therein, any list of names and addresses contained in or derived from public records, unless otherwise specified.

K.S.A. 1988 Supp. 21-3914

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the City governing body. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee schedule established by the City is posted in this office. Prepayment of the fee may be required.

TO BE COMPLETED BY RECORD CUSTODIAN

REQUEST RECEIVED: DATE: _____ REQUEST FILLED DATE: _____

TIME: _____ TIME: _____

NUMBER OF COPIES: _____

CHARGES: _____

RECORD CUSTODIAN: _____